

**CEMETERY AND FUNERAL BUREAU**

P. O. Box 989003

WEST SACRAMENTO, CA 95798-9003

(916) 574-7870 FAX (916) 574-8620



## APPLICATION TO REPORT DESIGNATION OR CHANGE OF CEMETERY OR CREMATORY MANAGER AND/OR REQUEST APPROVAL TO SHARE

- ☐ Designate a Crematory Manager \$50.00 Fee or ☐ Designate a Crematory Manager and request approval to share \$100.00 Fee  
☐ Designate a Cemetery Manager \$50.00 Fee or ☐ Designate a \*Cemetery Manager and request approval to share \$100.00 Fee  
 (\*submit a written statement demonstrating two years experience in the cemetery business)

SECTION A: APPLICANT INFORMATION										
Business Name						License Type and Number				
Address				City		State CA		Zip Code		
Contact Person				Fax Number (     )		Telephone Number (     )				
SECTION B: MANAGER INFORMATION <small>(Cemetery Managers must submit a written statement demonstrating two years experience.)</small>										
Name of Previous Manager						License Number		Date of Disassociation		
Name of New Manager				License Type/Number		Expiration Date		Date of Association		
Under this managers license is this manager designated at any other Cemetery/Cematory?						No, <input type="checkbox"/> Proceed to section D		Yes, <input type="checkbox"/> Complete section C		
SECTION C: APPROVAL TO SHARE A MANAGER										
<small>(The Cemetery or Crematory must be under common ownership, have a designated main office, and be within 60 miles of the main office.)</small>										
Designated Main Office						License Number		Miles From Establishment in Section A?		
Address of Main Office						City		State Zip Code		
Designated Manager is also Manager at the following licensed Cemeteries/Crematories under this CEM/CRM license.			COA/CR		COA/CR		COA/CR		COA/CR	
Name of Corporation										
SECTION D: OWNER, PARTNER, OR CORPORATE OFFICER CERTIFICATION										
<small>(Must be signed by the owner, if a Sole Owner; a Partner, if a Partnership; a Corporate Officer if a Corporation.)</small>										
<i>I understand that this establishment must employ a licensed manager at all times, and any change of the designated manager will be reported to the Bureau within 10 days.</i> <i>I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.</i>										
Signature				Title				Date		
FOR BUREAU USE ONLY										
Date Cashiered		Amount Cashiered			ATS Number			Receipt Number		
Date Approved		Common Ownership Checked		Within 60 Miles		Related License		CR/COA License Ordered		